U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES





and the Centers for Disease Control and Prevention, the National Institute on Aging, and the Centers for Medicare and Medicaid Services

Present

Evidence-Based Disability and Disease Prevention for Elders: Translating Research into Community-Based Programs

A Workshop for State and Local Teams

February 14-16, 2006 Sheraton Midtown Atlanta Hotel at Colony Square Atlanta, Georgia

Workshop Overview and Objectives

There is a growing body of research that policy makers and aging services leaders can use to strengthen disability and disease prevention programs for the elderly. AHRQ, in collaboration with the Administration on Aging, the Centers for Disease Control and Prevention, the National Institute on Aging and the Centers for Medicare and Medicaid Services, has designed a workshop for State and local officials and agency administrators to promote the use of evidence-based disease prevention approaches in community programs. These approaches are intended to be used in aging services provider organizations such as senior centers, adult day care programs, nutrition programs and senior housing projects.

Information from the Medical Expenditure Panel Survey compiled by AHRQ found that eighty four percent of the adults age 65 and older have one or more chronic conditions and sixty two percent have two or more chronic conditions. This population is admitted to a hospital, see a physician and use prescription medications far more often than people without chronic conditions. Limitations in activities of daily living are also more prevalent in this age group. Average per capita health care expenditures are more than eleven times higher for people with five or more chronic conditions than for those without a chronic condition and six times higher than for people with one chronic condition. People with chronic conditions who also have activity limitations account for approximately twice as much health care spending as those without activity limitations.

This workshop will help States and their communities proactively plan for the challenges associated with an aging population and the projected growth in the number of people with chronic conditions. Participants will not only learn about successful programs, but also how to apply research-based evidence as a standard practice in policy and program development. By implementing interventions that have proven to be effective in reducing the risk of disease, disability and injury among the elderly, State and local programs will be able to improve the health status of this vulnerable population. The program will also help participants leverage the resources of Federal, State and local health and social service agencies in disease prevention, particularly with respect to underserved populations and those who are victims of health disparities.

Objectives

The workshop will provide ample opportunities to ask questions and engage in discussions with leading researchers and program directors from across the country. Following the workshop, participants will be able to:

- Apply an evidence-based framework to the state's plan for implementing prevention programs for elders;
- Develop and refine the team's disability and disease prevention strategy;
- Utilize State and local models to promote disability and disease prevention;
- Address barriers and opportunities to building disability and disease prevention partnerships;
- Make decisions about prevention priorities, program design and implementation;
- Interact with a growing network of national experts and knowledgeable colleagues from other states; and
- Access current and future technical and financial resources available from Federal agencies.

Audience

The workshop has been designed for State teams representing the State Unit on Aging or the Health Promotion and Disease Prevention liaison, the Department of Health Chronic Disease Director's Office, the State Medicaid agency, an Area Agency on Aging and a community aging service provider (such as a senior center or adult day service provider), a local health department, a local health system or researcher. We anticipate that teams will consist of five members representing the organizations listed above. Participation will be limited to ten teams. **Partial financial assistance will be available to support airfare (coach) and hotel costs (room plus tax) for up to five people per team for ten teams.** Team leaders may include additional members from the identified organizations on a "space available" basis. There is no registration fee for this workshop. Team applications are due by December 19, 2005, and can be submitted at http://academyhealth.org/ahrq/elders/index.htm.